

**STATE OF MONTANA
STATEWIDE ACCOUNTING SYSTEM**

Form Must be Submitted by Administering Business Unit

**FORM 121
FUND
CODE**

1) Administering Agency Number/Name	2) Fiscal Year Effective Date 07/01/_____
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3) Action *Establish:* complete fields 1 - 13
 Modify: complete fields 1 - 7,9,11,13
 Inactivate: complete fields 1 - 6,11,13

4) Fund Type/Class	5) Fund Number (Optional)	6) Fund Name (limited to 30 characters)
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7) Fund Equity Classification (ensure field 9 adequately describes determination)

Governmental Funds :	Restricted	Committed	Assigned	Non-spendable
Proprietary Funds:	Internal Service	Enterprise - Unrestricted	Enterprise - Restricted	
Fiduciary Funds:	Agency	Pension Trust	Private Purpose Trust	Investment Trust

8) Authority (check appropriate box and fill-in associated authority details)

Statutory Section _____ ,M.C.A.
 Administrative

9) Use/Purpose of Fund/Modifications (Spell out acronyms and state original source of funding)

10) Setup Budget

<u>Expenditures/Expenses</u>	<u>Revenues</u>
<input type="checkbox"/> Yes (Approp & Org Budget required)	Establish Rev Est Budget (optional) Yes No
<input type="checkbox"/> No (If nonbudgeted, requires OBPP authorization)	

11) Do other General Ledger Business Units have access? Yes No
 If yes, list GL Business Units including Budget status (Budgeted/Nonbudgeted – Revenue/Expenditure)

12) Activity Accounted for in Existing Fund (if yes is checked, fill-in existing fund number)

Yes Existing Fund Number _____
 No

13) Administering Agency Authorization	Authorized Signature	Email Authorization Attached Yes	Date
OBPP Authorization (If Nonbudgeted)	Approved	Authorized Signature	
	Not Approved		

To Be Completed by Department of Administration					
DOA Approval	Approved	Authorized Signature			Date
	Not Approved				
	Fund Equity Close	CAFR Tree Spreadsheet	Trial Balance Review	Asset Review (inactivations only)	
DOA Processing	Program Code (DPHHS use only)	Fund BU Table	Fund Chartfield	Initials	Date